

**Department of  
Veterans Affairs**

**MEMORANDUM**

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November 29, 2002

Chief, Policy and Compliance Division

Transmittal #49 CHAMPVA Policy Manual

See Transmittal Distribution List

1. One of the main purposes of this Transmittal is to provide a revised Subject Index that has been expanded to be more comprehensive. This reference document is provided to compliment the on-line Intranet/Internet Policy Manual for search purposes.
2. Explanation for other changes and related index updates of the CHAMPVA Policy Manual and filing instructions are provided in the following summary:

<b><u>SUMMARY</u></b>	<b>REMOVE</b>		<b>INSERT</b>	
	<b><u>C-S</u></b>	<b><u>Pages</u></b>	<b><u>C-S</u></b>	<b><u>Pages</u></b>
<b><u>Master Table of Contents.</u></b> Adds policy Chapter 2, Section 4.10, <i>Percutaneous Transluminal coronary Angioplasty (PTCA).</i>	MTCO	1-18	MTOC	1-18
<b><u>Chapter 1, Section 2.3, Beneficiary.</u></b> Amends number for form, Application for CHAMPVA Benefits (VA Form 10-10d).	2-2.3	1-2	2-2.3	1-2
<b><u>Chapter 2, Table of Contents.</u></b> Adds policy at 4.10 titled, <i>Percutaneous Transluminal Coronary Angioplasty (PTCA).</i>	TOC-2	1-13	TOC-2	1-13
<b><u>Chapter 2, Section 2.8, Gynecomastia.</u></b> Description of psysiological gynecomastia is expanded.	2-2.8	1-2	2-2.8	1-2

<b><u>SUMMARY</u></b>	<b>REMOVE</b>		<b>INSERT</b>	
	<b><u>C-S</u></b>	<b><u>Pages</u></b>	<b><u>C-S</u></b>	<b><u>Pages</u></b>
<b><u>Chapter 2, Section 4.6</u></b> , <i>Percutaneous Transluminal Angioplasty (PTA)</i> . Deletes obsolete Medicare reference under Policy; and under Policy Considerations provides correct hyperlink reference for <i>Percutaneous Transluminal Coronary Angioplasty</i> policy; deletes obsolete reimbursement information; and provides a hyperlink reference to the <i>Outpatient and Inpatient Professional Provider Reimbursement</i> policy.	2-4.6	1-2	2-4.6	1-2
<b><u>Chapter 2, Section 4.10</u></b> , <i>Percutaneous Transluminal Coronary Angioplasty (PTCA)</i> . Provides separate policy for an existing benefit.			2-4.10	1-2
<b><u>Chapter 2, Section 10.3</u></b> , <i>Intraocular Lens Implantation</i> . Amends CPT code range and Policy and Policy Considerations content is combined to provide clarity.	2-10.3	1-2	2-10.3	1
<b><u>Chapter 2, Section 10.13</u></b> , <i>Strabismus Surgery</i> . Under Policy Considerations corrects name of policy in hyperlink.	2-10.13	1-2	2-10.13	1-2
<b><u>Chapter 2, Section 16.7</u></b> , <i>Podiatry</i> . Amends Related Authority; remove procedure code(s) range 93875-93888; and adds exclusion for night splints.	2-16.7	1-5	2-16.7	1-5
<b><u>Chapter 2, Section 17.1</u></b> , <i>Durable Medical Equipment and Supplies</i> . Amends CPT code range; under Policy clarifies coverage for wheelchair modifications and car lifts; and under Exclusions adds clarity regarding rental or purchase of an allowed item, other than life-support equipment, solely to be used as a back-up to currently owned or rented equipment.	2-17.1	1-7	2-17.1	1-7

<b><u>SUMMARY</u></b>	<b>REMOVE</b>		<b>INSERT</b>	
	<b><u>C-S</u></b>	<b><u>Pages</u></b>	<b><u>C-S</u></b>	<b><u>Pages</u></b>
<b><u>Chapter 2, Section 18.1</u></b> , <i>Treatment of Mental Disorders</i> . Under Policy Considerations removes TRICARE Policy Manual references, clarifies coverage for obsessive-compulsive disorders and provides a list of covered disorders, adds reimbursement criteria; and under Exclusions adds that specific support groups meetings outside of a doctor's or therapist's office or hospital that brings people with like problems together to talk are non-covered services.	2-18.1	1-4	2-18.1	1-4
<b><u>Chapter 2, Section 18.5</u></b> , <i>Family Therapy</i> . Amends Policy Considerations to delete verbiage regarding the length of time for covered family therapy sessions, and provides clarification that inpatient psychotherapy is generally limited to seven sessions per week.	2-18.5	1-4	2-18.5	1-4
<b><u>Chapter 2, Section 19.1</u></b> , <i>Musculoskeletal System</i> . The effective dates for covered services have been removed from Policy and added under Effective Date; amends CPT code range; and adds exclusion for percutaneous vertebroplasty.	2-19.1	1-7	2-19.1	1-7
<b><u>Chapter 2, Section 20.9</u></b> , <i>Central Nervous System Stimulation</i> . The section entitled Exceptions has been redesignated as Exclusions.	2-20.9	1-2	2-20.9	1-2
<b><u>Chapter 2, Section 29.13</u></b> , <i>Percutaneous Transluminal Balloon Valvuloplasty</i> . Corrects the reference for percutaneous transluminal mitral commissurotomy under Policy and removes obsolete reimbursement text under Policy Considerations.	2-29.13	1-2	2-29.13	1-2
<b><u>Chapter 2, Section 29.15</u></b> , <i>Surgery For Morbid Obesity</i> . Adds under Policy Considerations that skin complications as a result of approved surgery for morbid obesity is covered.	2-20.9	1-3	2-20.9	1-3

<u>SUMMARY</u>	<u>REMOVE</u>		<u>INSERT</u>	
	<u>C-S</u>	<u>Pages</u>	<u>C-S</u>	<u>Pages</u>
<b><u>Chapter 2, Section 30.1</u></b> , <i>Physical Therapy</i> . Under Procedure Code(s) adds that CPT codes 97532 and 97533 are excluded services; amends Policy Considerations to remove reference to 20 physical therapy sessions coverage limitation and clarifies that coverage is based on medical necessity and appropriateness, and clarifies the list of covered physical therapy conditions; and under Exclusions clarifies that CPT procedure codes 97532 and 97533 services when used as a restorative approach are not a covered benefit.	2-29.13	1-18	2-29.13	1-18
<b><u>Chapter 2, Section 31.10</u></b> , <i>High Dose Chemotherapy And Stem Cell Transplantation</i> . Under Policy defines acronym for AL amyloidosis, removes duplicate verbiage under severe combined immunodeficiency, and under Exclusions adds high-dose chemotherapy with autologous bone marrow transplant or peripheral stem cell therapy for treatment of low-grade non-Hodgkin's lymphoma.	2-31.10	1-11	2-31.10	1-11
<b><u>Chapter 3, Section 1.1</u></b> , <i>Claims Processing - General</i> . Amends Related Authority; under Definitions amends title for Form HCFA 1500 and UB-92; and under Policy remove references to Appendix 1 and 2.	3-1.1	1-9	3-1.1	1-9
<b><u>Chapter 3, Section 1.3</u></b> , <i>Reconsideration/Appeal of Claims</i> . Corrects hyphenation errors under policy.	3-1.3	1-2	3-1.3	1-2

### **Related Index Updates**

<b>Subject Index.</b> Amends entire Index to update and include policies referenced in this transmittal.	A-1 thru Z-1	A-1 thru Z-1
<b>Codes Index.</b> Amends index to add and delete codes referenced in policies. Changes are highlighted in the index for reference purposes.	1-27	1-27

3. File this transmittal memorandum in the front of the CHAMPVA Policy Manual.

Susan Schmetzer  
Chief, Policy & Compliance

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